## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10799600

		CLAIMS A	S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			5					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			≶ minus 20=					X\$ 9=		OR	X\$18=	
_	DEPENDENT C			inus 3 =	•	2_		X43=	86	OR	X86= .	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	17/	OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 24	Minus	- 3	0	= Y	11	X\$ 9=	,	OR	X\$18=	50000
AME	Independent	NTATION OF MI	Minus	S	-7 .	= 2	1 [	X43=		OR	X86= ∂	2000
<u> </u>	· · · · ·		DETIFIE DE	PENDENT	CLAIM		۱ ۱	+145=		OR	+290=	
								TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	00000
(Column 1) (Column 2) (Column 3)											7	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE ·	ADDI- TIONAL FEE	÷	RATE	ADDI- TIONAL FEE
	Total	•	Minus	••	·			X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		*	11	X43=	•	OR	X86=	1.04
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=										OR	+290=	
	ADDIT, FEE OR ADDIT, FEE											
(Column 1) (Column 2) (Column 3)												
AMENOMENT C		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIOL PAID F	ER USLY	PRESENT EXTRA	] [	RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
	Total	•	Minus	*		<b>E</b>	lΓ	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	<b> </b>	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		<b>!</b>  -					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  * ADDIT FEE!  OR +290=  OR +707E											<u> </u>	
***	f the "Highest Nur	mber Previously Paid ber Previously Paid	d For IN THIS	S SPACE is	less than	3, entër "3."	~	ODIT. FEE			VDDIT. FEE <b>L</b> IMM 1.	